

# STATE OF NEW HAMPSHIRE

# 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

### PLEASE PRINT

I. Name of Lobby	vist(s) Karen So	oucy		
II. Name of lobby	ist's partnership,	, firm or corporation, if	any:	
Soucy Solution	ons, LLC			
	Name of partnership	o, firm or corporation)		
11 Princeton	Street	Concord	NH	03301
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
(603) 344-579	7	_ ( )	<sub>e-mail</sub> kare	ensoucy1@gmail.com
(Telephor	ne)	(Fa		
reportable expens	se transactions wl	hich are not attributable	e to any one client).	ou may file a separate report for
All reportable	transactions occur	ring in the months prior t	o the reporting date relative	e to the following client:
WellCare H	ealth Plans, Ir			
<u>OR</u>	(Full Name of	Client as it appears on the I	obbyist Registration Form)	
	ransactions by the articular client.	lobbyist (including the lo	obbyist's family), or the lob	obying firm listed below which are
. IV. Date of Repor Reports cover: a	• •	19 🕅 registration to 3/31/19	July 31, 2019 [ activity from 4/1/19 to 6/	
	October 30, activity from 7/		January 29, 202 activity from 10/1/19 to	
V. There have b If this box is check Concord, NH 0330	ed, complete just t	ived and no reportab his form and submit it to	le transactions made single the Secretary of State's Off	nce the last report.   © Tice, State House, Room 204,
VI. Check if addit	tional reports are	attached:		
🕱 If you have red	ceived fees or mad	le expenditures, you must	file Addendum A- Fees a	and Expenses
☐ If you have pa Expense Reimburs	id an honorarium ( ement	or reimbursed expenses, y	you must file Addendum E	3- Report of Honorariums or
💢 If you, your fir	rm, or your family	has made political contri	butions, you must file Add	lendum C- Political Contributions
and complete to the	5, RSA 15-B, RSA e best of my know	14-C and RSA 664 and	hereby swear or affirm tha	t the foregoing information is true
(Signature of lobb	yist			(Date)
Karen Soucy				RECEIVED
(Print Name of lot	obyist)			APR 2 4 2019
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NEW HAMPSHIRE DEPARTMENT OF STATE

# STATE OF NEW HAMPSHIRE

### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Karen Soug	
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
III. Name of Client Well Care Heath Plans	Date 4/22/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a)\$_10,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ 5, 000.00
c) Total of all fees received to date (Add lines a and b)	c)\$ 15,000.00
<ul> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. he aggregate total of all expenses paid expenses; (b) the aggregate total of all he: meals purchased during a business less than \$10 that is given to the person ed with a value of \$25.00 or less); and

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	6,666.67
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	ď
c) Total of all itemized expenditures reported in detail in section VI	c) \$	(X

any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political

contributions will be reported on separate addendums and should not be reported on Addendum A.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 6, 666.69
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	05 6,666.61
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
· · · · · · · · · · · · · · · · · · ·	\$
	\$
	<b>s</b>
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that the foregoing information
is true and complete to the best of my knowledge and belief.	
X C	4/22/19
(Signature of lobby)(t)	(Date)
Karn Soucy	
(Print Name of lobbyist)	•

# STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

	30, 37, O 000	~		
I. Name of Lobbyist's partnership, firm or corporation, if any:				
Solvey Solvet (Name of partner	bons LLC ership, firm or corporation)			
III. Name of Client Well	ran Health		Date 4/22/19	
Political Contributions	on that is reportable	pursuant to RSA Chap	ter 664 paid on behalf of the	
Full name of candidate:	Sec att	ached list		
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	····	Office Candidate is	s Seeking	
Full name of candidate:				
Full name of candidate:	(Last Name)	(First Name)		
Full name of candidate:				
Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	d contribution, provide	Office Candidate is a description of the good	(Middle Name/Initial)	
Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contr	d contribution, provide	Office Candidate is a description of the good	(Middle Name/Initial)  Seeking  ds or services provided, and enter the	

# NH SECRETARY OF STATE ADDENDUM C

## Contributions made by Soucy Solutions, LLC

NH House Democrats	\$100.00	NH House
Dan Feltes	\$100.00	State Senate
<b>NH Democratic Caucus</b>	\$100.00	State Senate
Martha Hennessey	\$100.00	State Senate
Jay Kahn	\$100.00	State Senate
John Reagan	\$100.00	State Senate
David Starr	\$100.00	State Senate

## Contributions made by Tim Soucy

Donna Soucy	\$150.00	State Senate
Melanie Levesque	\$50.00	State Senate
Dan Feltes	\$80.00	State Senate
House Democrats	\$30.00	NH House

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobby) (Date)
(Print Name of lobbyist)

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